

|  |   |   |  |
|--|---|---|--|
| 1. CIR./DIST./ DIV. CODE<br><b>CAU</b>   | 2. PERSON REPRESENTED<br><b>NEVAREZ, MANUEL FRANCISCO</b>   | VOUCHER NUMBER  |  |
| 3. MAG. DKT./DEF. NUMBER   | 4. DIST. DKT./DEF. NUMBER<br><b>CV-12-01912-SI</b>  | 5. APPEALS, DKT./DEF. NUMBER<br><b>12-17060</b>   | 6. OTHER DKT NUMBER  |
| 7. IN CASE/MATTER OF (Case Name)<br><b>MANUEL FRANCISCO NEVAREZ<br/>V. G. W. LEWIS</b> | 8. PAYMENT CATEGORY<br><input type="checkbox"/> Felony <input type="checkbox"/> Other...<br><input type="checkbox"/> Misdemeanor<br><input checked="" type="checkbox"/> Appeal<br><input type="checkbox"/> Petty Offense <input type="checkbox"/> Habeas Appeal | 9. TYPE PERSON REPRESENTED<br><input type="checkbox"/> Adult Defendant<br><input type="checkbox"/> Juvenile Defendant<br><input checked="" type="checkbox"/> Appellant<br><input type="checkbox"/> Appellee | 10. REPRESENTATION TYPE<br>(See Instructions)<br><b>HA</b> |

11. OFFENSE(S) CHARGED (Cite U. S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense  
**28:2254**

12. ATTORNEY'S NAME (First Name, M. I., Last Name, including any suffix), AND MAILING ADDRESS

**VICKI MAROLT BUCHANAN  
19201 SONOMA HIGHWAY, #243  
SONOMA, CA 95476-5413**

Telephone Number **707-343-1907**

14. NAME AND MAILING ADDRESS OF LAW FIRM / Office provide per instructions, **FEED**

**JAN 25 2013**

**RICHARD W. WIEKING  
CLERK, U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA**

13. COURT ORDER

O Appointing Counsel  C Co-counsel  
 F Subs For Federal Defender  R Sub for Retained Atty.  
 P Subs for Panel Attorney  Y Standby Counsel

Prior Attorney's Name: \_\_\_\_\_

Appointment Date: \_\_\_\_\_

Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interest of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR

Other (See Instructions)

**Hon. Judge Illston**

Signature Of Presiding Judicial Officer or By Order Of The Court

**12/13/12**

**12/4/2012**

Nunc Pro Tunc Date

Repayment or partial repayment ordered from the person represented for this service at time of appointment.  YES  NO

Date Of Order

CLAIM FOR SERVICES AND EXPENSES

FOR COURT USE ONLY

| CATEGORIES (attached itemization of services with dates)  | HOURS CLAIMED | TOTAL AMOUNT CLAIMED   | MATH/TECH ADJUSTED HOURS | MATH/TECH ADJUSTED AMOUNT | ADDITIONAL REVIEW |
|---|---------------|--|--------------------------|---------------------------|-------------------|
|   |               |  |                          |                           |                   |
| a. Arraignment And/or Plea<br>b. Bail And Detention Hearings<br>c. Motion Hearings<br>d. Trial<br>e. Sentencing Hearings<br>f. Revocation Hearings<br>g. Appeals Court<br>h. Other (Specify On Additional Sheets) |               |  |                          |                           |                   |
| (RATE PER HOUR = \$ )   |               | TOTALS:  |                          |                           |                   |
| a. Interview and conferences<br>b. Obtaining and reviewing records<br>c. Legal research and brief writing<br>d. Travel time<br>e. Investigative and other work (Specify on additional sheets)                     |               |  |                          |                           |                   |
| (RATE PER HOUR = \$ )   |               | TOTALS:  |                          |                           |                   |
| 17. Travel Expenses (Lodging, parking, meals, mileage, etc.)  |               |  |                          |                           |                   |
| 18. Other Expenses (other than expert, transcripts, etc.)   |               |  |                          |                           |                   |
| <b>GRAND TOTALS (CLAIMED AND ADJUSTED):</b>   |               |  |                          |                           |                   |
| 19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE   |               | 20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION |                          | 21. CASE DISPOSITION      |                   |
| FROM: _____ TO: _____   |               |  |                          |                           |                   |

22. CLAIM STATUS  Final Payment  Interim Payment Number  Supplemental Payment

Have you previously applied to the court for compensation and/or reimbursement for this case?  YES  NO If yes, were you paid?  YES  NO  
Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation?  YES  NO If yes, give details on additional sheets.

I swear or affirm the truth or correctness of the above statements.

Signature Of Attorney \_\_\_\_\_

Date \_\_\_\_\_

APPROVED FOR PAYMENT - COURT USE ONLY

|  |                        |                     |                    |                           |
|--|------------------------|---------------------|--------------------|---------------------------|
| 23. IN COURT COMP.   | 24. OUT OF COURT COMP. | 25. TRAVEL EXPENSES | 26. OTHER EXPENSES | 27. TOT. AMT. APPR./CERT. |
| 28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER  |                        |                     | DATE               | 28A. JUDGE/MAG CODE       |
| 29. IN COURT COMP.   | 30. OUT OF COURT COMP. | 31. TRAVEL EXPENSES | 32. OTHER EXPENSES | 33. TOTAL AMT. APPROVED   |
| 34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount. |                        |                     | DATE               | 34A. JUDGE CODE           |